Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90032 047 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # .38986

1. Corporation Name

Principal Place of Business	I, P.A.	ling Address			
· '		· ·			
10200 WEST SAMPLE ROAD   10200 WEST SAMPLE ROAD   CORAL SPRINGS FL 33065   CORAL SPRINGS FL 33065					
COMME SPRINGS PE 33003				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	<del></del>
				01/01/1990	
2. Principal Place of Business	2a.	Mailing Address		4. FEI Number	Applied For
21	26			65-0159242	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-	5. Certificate of Status Desired	\$8.75 Additional
22	27			3. 60,000.00	Fee Required
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23	28			Trust Fund Contribution	Added to Fees
Zip Co	untry	Zip r-	Country	8. This corporation owes the current year Int	
24 25	29			Personal Property Tax.	Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered	Agent
ODEENE MICHAEL E			81 Name		
GREENE, MICHAEL E.			82 Street Addre	ress (P.O. Box Number is Not Acceptable)	
9900 W SAMPLE RD					
STE 324		83			
CORAL GABLES FL 3	3065		84 City		85 Zip Code
			[OT] City /		••
!				oral Springs FL	
Pursuant to the provisions of office or registered agent, or agent. I am familiar with, and	hoth, in the State of Florida	a. Such change was au	s, the above-named corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	changing its registered
office or registered agent, or agent. I am familiar with, and SIGNATURE	both, in the State of Florida accept the obligations of,	a. Such change was au Section 607.0505, Flori	s, the above-named corporation the corporation of t	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint appoint the purpose of the purpose	changing its registered
office or registered agent, or agent. I am familiar with, and SIGNATURE  SIGNATURE	both, in the State of Florida accept the obligations of, a name of registered agent and title if	a. Such change was auf Section 607.0505, Flori applicable. (NOTE: F	s, the above-named corp horized by the corporation da Statutes.  tegistered Agent signature requires	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint ad when reinstating)  DATE	changing its registered intment as registered
office or registered agent, or agent. I am familiar with, and SIGNATURE  SIGNATURE  SIgnature, typed or printed	both, in the State of Florida accept the obligations of,	a. Such change was au Section 607.0505, Floric applicable. (NOTE: F	s, the above-named corp horized by the corporation da Statutes.  tegistered Agent signature required  13.	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint appoint the purpose of the purpose	changing its registered intment as registered
office or registered agent, or agent. I am familiar with, and SIGNATURE  SIGNATURE  SIgnature, typed or printed  12.  TITLE  D	both, in the State of Florida accept the obligations of, in name of registered agent and title if.  OFFICERS AND DIRECT	a. Such change was auf Section 607.0505, Flori applicable. (NOTE: F	s, the above-named corp horized by the corporation da Statutes.  tegistered Agent signature required  13.  1.1 TITLE	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint ad when reinstating)  DATE	changing its registered intment as registered
office or registered agent, or agent. I am familiar with, and SIGNATURE  SIGNATURE  SIgnature, typed or printed  12.  TITLE  NAME  D  WEXLER, MARS	both, in the State of Florida accept the obligations of, in name of registered agent and title if OFFICERS AND DIRECT	a. Such change was au Section 607.0505, Floric applicable. (NOTE: F	s, the above-named corpinorized by the corporational Statutes.  tegistered Agent signature required  13. 1.1 TITLE 1.2 NAME	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint ad when reinstating)  DATE	changing its registered intment as registered
office or registered agent, or agent. I am familiar with, and SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  10200 W. SAMI	both, in the State of Florida accept the obligations of, in name of registered agent and title if OFFICERS AND DIRECT SHALL F. PLE RD.	a. Such change was au Section 607.0505, Floric applicable. (NOTE: F	s, the above-named corpinorized by the corporational Statutes.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint ad when reinstating)  DATE	changing its registered intment as registered
office or registered agent, or agent. I am familiar with, and SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Office or registered agent, or agent	both, in the State of Florida accept the obligations of, in name of registered agent and title if OFFICERS AND DIRECT SHALL F. PLE RD.	a. Such change was au Section 607.0505, Florid applicable. (NOTE: F CTORS	s, the above-named corpinorized by the corporational Statutes.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint ad when reinstating)  DATE	ichanging its registered intment as registered  ND DIRECTORS IN 12  Change Addition
office or registered agent, or agent. I am familiar with, and SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  CORAL SPRING	both, in the State of Florida accept the obligations of, in name of registered agent and title if OFFICERS AND DIRECT SHALL F. PLE RD.	a. Such change was au Section 607.0505, Floric applicable. (NOTE: F	s, the above-named corpinorized by the corporational Statutes.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint ad when reinstating)  DATE	changing its registered intment as registered
office or registered agent, or agent. I am familiar with, and SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CORAL SPRING	both, in the State of Florida accept the obligations of, in name of registered agent and title if OFFICERS AND DIRECT SHALL F. PLE RD.	a. Such change was au Section 607.0505, Florid applicable. (NOTE: F CTORS	s, the above-named corpinorized by the corporational Statutes.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint ad when reinstating)  DATE	ichanging its registered intment as registered  ND DIRECTORS IN 12  Change Addition
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or pn an attachment with an address with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

MIREMARSHALL

DELETE

DELETE

☐ Change

Change

Addition

Addition